FACT SHEET
Maternal Mental Health (MMH)

KEY POINTS

- Maternal mental health (MMH) conditions are the most common complications of pregnancy and childbirth, affecting 1 in 5 women (800,000 women each year in the United States).\(^1\)\(^-\)\(^3\)
- MMH conditions include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness (which may include psychotic symptoms), and substance use disorders.\(^1\)\(^-\)\(^3\)
- The “baby blues” are a normal period of transition affecting up to 85% of new mothers in the first 2-3 weeks after baby is born. Baby blues typically include emotional sensitivity, weepiness, and/or feeling overwhelmed. Baby blues resolve without treatment.\(^4\)
- MMH conditions are caused by a combination of changes in biology, psychology, and environment.\(^4\)
- Women at increased risk of MMH conditions are those who have a personal or family history of mental illness; lack social support, especially from their partner; experienced a traumatic birth or previous trauma in their lives; or have a baby in the neonatal intensive care unit.\(^1\)\(^,\)\(^4\)
- Suicide and overdose are the leading causes of death in the first year postpartum, with 100% of these deaths deemed preventable.\(^5\)\(^-\)\(^7\)
- All parents — including fathers, partners, and adoptive parents — can experience changes in mood when there is a new baby in the household.\(^8\)\(^,\)\(^9\)

SIGNs & SYMPTOMs

<table>
<thead>
<tr>
<th>DEPRESSION</th>
<th>ANXIETY</th>
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</thead>
<tbody>
<tr>
<td>• Feeling hopeless, helpless, or worthless</td>
<td>• Feeling easily stressed, worried, or overwhelmed</td>
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<tr>
<td>• Lacking motivation, concentration, or energy</td>
<td>• Being hypervigilant with baby</td>
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<tr>
<td>• Loss of interest or pleasure in activities</td>
<td>• Having scary, intrusive, or racing thoughts</td>
</tr>
<tr>
<td>• Feelings of anger, guilt, irritability, rage, or regret</td>
<td>• Feeling keyed up, on edge, restless, or panicked</td>
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</tbody>
</table>

Women experiencing MMH conditions might say...

Having a baby was a mistake.
I'm not bonding with my baby.
I'm afraid to be alone with my baby.
I'm exhausted, but I can't sleep, even when my baby sleeps.
I'm such a bad mother; my baby would be better off without me.

Women at increased risk

Women living in poverty and women of color are MORE likely to experience MMH conditions and LESS likely to get help due to:\(^12\)\(^,\)\(^13\)

- Lack of access to healthcare, including culturally appropriate mental health care
- Cultural and racial biases in the healthcare system
- More barriers to care, such as lack of transportation or childcare
- Fear that child protective services or immigration agencies will become involved

TERMINOLOGY

Perinatal: ~2-year timeframe from conception to baby's first birthday
Antenatal or Prenatal: During pregnancy
Postpartum or Postnatal: First year following pregnancy

The following terms are used interchangeably to describe the mental health conditions women experience during pregnancy and the first year following pregnancy:

- Postpartum depression (PPD) has long been used as an umbrella term encompassing mood changes following childbirth
- Antenatal / prenatal / perinatal / postnatal depression and anxiety
- Perinatal mood disorders (PMDs) or perinatal mood and anxiety disorders (PMADs)
- Maternal mental health (MMH) challenges / complications / conditions / disorders / illnesses / issues
## Consequences of Untreated MMH Conditions

Untreated MMH conditions can have long-term negative impact on mother, baby, and entire family.

<table>
<thead>
<tr>
<th>MOTHER</th>
<th>CHILD</th>
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<tbody>
<tr>
<td>Women with untreated MMH conditions are more likely to:</td>
<td>Children born to mothers with untreated MMH conditions are at higher risk for:</td>
</tr>
<tr>
<td>• Not manage their own health</td>
<td>• Low birth weight or small head size</td>
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<tr>
<td>• Have poor nutrition</td>
<td>• Pre-term birth</td>
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<td>• Use substances such as alcohol, tobacco, or drugs</td>
<td>• Longer stay in the NICU</td>
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<td>• Experience physical, emotional, or sexual abuse</td>
<td>• Excessive crying</td>
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<td>• Be less responsive to baby’s cues</td>
<td>• Impaired parent-child interactions</td>
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<tr>
<td>• Have fewer positive interactions with baby</td>
<td>• Behavioral, cognitive, or emotional delays</td>
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<tr>
<td>• Experience breastfeeding challenges</td>
<td>Untreated mental health issues in the home may result in an Adverse Childhood Experience, which can impact the long-term health of the child.</td>
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<tr>
<td>• Question their competence as mothers</td>
<td></td>
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</tbody>
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Parents who are depressed or anxious are more likely to:
- Make more trips to the emergency department or doctor’s office
- Find it particularly challenging to manage their child’s chronic health conditions
- Not follow guidance for safe infant sleep and car seat usage

### Most Maternal Mental Health Conditions are Temporary & Treatable

### Steps to Wellness

- Self-Care: sleep, nutrition, exercise, time off
- Social Support: from friends, family, doulas, home-visiting programs, or support groups
- Therapy/Counseling
- Medication

### Of women who experience anxiety or depression during pregnancy or first year of baby’s life:
- 40% develop symptoms following childbirth
- 27% enter pregnancy with anxiety or depression
- 33% develop symptoms during pregnancy

### Editorial Team

A multidisciplinary editorial team provided input for this Fact Sheet representing the fields of obstetrics, pediatrics, nursing, psychology, psychiatry, and public health. Team members from MMHLA are Adrienne Griffen, MPP; Pooja Lakshmin, MD; Kelly Sheppard, PhD; and Terri Wright, PhD, MPH. Additional editorial team members include Nancy Byatt, DO, MBA; Wendy Davis, PhD; Sue Kendig, JD, WHNP; Tiffany Moore Simas, MD, MPH; and Debra Waldron, MD, MPH.

### Citations